

ENTERED WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W100661

UNIQUE WELL I.D. # AEE064

Water Right Permit No. 8329

(1) OWNER: Name BUSH Point Terrace Address P.O. Box 1266 Freeland, WA 98249

(2) LOCATION OF WELL: County Island SW 1/4 NW 1/4 Sec 8 T. 29 N. R. 2E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) Dolphin Dr + Bush Pt. Road 29-2E-8E

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☒
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 1
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☒ Jetted ☐

(5) DIMENSIONS: Diameter of well 8" Inches.
Drilled 150 feet. Depth of completed well 150 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 8" Diam. from 0 ft. to 140 ft.
Welded ☒ Diam. from 0 ft. to 140 ft.
Liner installed ☐ Diam. from 0 ft. to 140 ft.
Threaded ☐ Diam. from 0 ft. to 140 ft.

Perforations: Yes ☐ No ☒
Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐
Manufacturer's Name Johnson
Type Stainless Steel Model No. 304
Diam. 8 Slot size 22 from 140 ft. to 145 ft.
Diam. 8 Slot size 25 from 146 ft. to 150 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 36' ft.
Material used in seal Bentonite
Did any strata contain unusable water? Yes ☐ No ☐
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name Grundfos H.P. 5
Type: _____

(8) WATER LEVELS: Land-surface elevation 200'
Static level 122 ft. below top of well Date 5/20/99
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☒ No ☐ If yes, by whom? Dwyer
Yield: 60 gal./min. with 4'6" ft. drawdown after 4 hrs.

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time Full Recovery Water Level 5 minutes Time _____ Water Level _____

Date of test 5-15-99

Bailer test 50 gal./min. with 3 ft. drawdown after 0+ hrs.

Airstart _____ gal./min. with stem set at _____ ft. for _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☒ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Brown topsoil	1	2
Gray HARDPAN + cobbles	3	70
Gray Clay + gravel	70	87
Brown Sandy Clay	87	123
Brown water sand - coarse	124	125
Brown water sand + gravel	143	149 1/2
Gray Clay + Rock chips	150	

RECEIVED

JUN 1 1999

DEPT OF ECOLOGY

Work Started 4-15-99 19. Completed 5-20 19 99

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WELL DONE DRILLERS
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

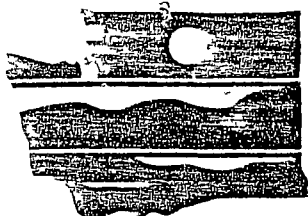
Address 440 HILL VALLEY DR.

(Signed) Jack T. Harris License No. 1304
(WELL DRILLER)

Contractor's Registration No. WELL00*025BN Date 5-20 19 99

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

65447

Well Tagging Form

09930

Unique Well Tag No: _____

AGAWAN AGA 944

RECORD VERIFICATION (check one)

☐
☐
☐

Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)

Verification inconclusive

Well Report not available

See #2

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name BUSH PT TERRACE COMM CLUB Last Name _____

Street Address _____

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address DOLPHIN / BUSH PT Rd

City _____ County _____

T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

☐
☐
☐
☐

GPS

Topographic Map

Survey

Computer generated

Elevation at land surface _____ feet/meters (circle one)

☐
☐
☐

Digital Altimeter

Topographic Map

Other _____

Additional information, if available.

☐

Location marked on topographic map (please attach)

☐

Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc)

8" CASING EXPOSED W/ ~~CONCRETE~~ CONCRETE SLAB AROUND BASE ADJ
TO SCL #1 AND PH (BROWN, CABLED, ~~PA~~ PANELED WOOD EXTERIOR
W/ TIN SIDING ON TOP RES ON SITE

Location or Well identification Tag

Casey

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1 24 000 (1" = 2 000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

D	C	B	A

E	F	G	H

M	L	K	J

N	P	Q	R

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One Application Permit Certificate Claim Exempt